



**All sections of this registration form must be filled out.
Parent signature is required on the back side of this form.
Please fax both sides of registration to 408-292-6412
Attn: Youth Commission Staff**

**5th Annual City-wide
Youth Conference
"Choose Your
Own Adventure"
April 27, 2012**

**Registration
Form
Deadline: 4/6/2012**

Name: _____
Please mark: ☐ Student ☐ Teacher ☐ Chaperon ☐ Advisor ☐ YAC member

Address: _____

Phone Number: _____ **Grade:** _____

E-mail: _____

School: _____

Emergency Contact: _____

Relationship: _____ **Phone Number:** _____

T-Shirt Size (please circle one option):
(We are currently working on sponsorships for t-shirts and we hope that they will be available at the conference.)
S M L XL 2XL 3XL 4XL Other: _____

Lunch (please circle one option): (breakfast will NOT be provided; packing a light snack is advisable)
turkey ham vegetarian Other dietary restrictions: _____

Workshop Preference
Please number the workshops in order of preference from 1 to 4, with 1 being the one you want the most and 4 being the one you want the least. Please refer below for workshop descriptions:
____ Workshop One ____ Workshop Two ____ Workshop Three ____ Workshop Four ____ No preference

Workshop One
Financing Your Future
Understand how today's
financial decisions impact your future

Workshop Two
Risk Factors
Learn to confront and identify the obstacles
between you and your success

Workshop Three
***The Pathway to Your Own
Adventure***
Learn the steps to become your own
advocate

Workshop Four
***The Elements of Success through
Health and Wellness***
Learn the key elements for success by
understanding your personal state of being

PLEASE HAVE PARENT OR GUARDIAN COMPLETE THE BACK

In accordance with the Americans with Disabilities Act, City of San José materials can be made available upon request in alternative formats such as Braille, large print, audio and computer disk. Requests may be made by calling (408) 973-5559 or (408) 294-9337 (TTY).



Department of Parks, Recreation and Neighborhood Services

**5th Annual City-wide Youth Conference
"Choose Your Own Adventure"**

San Jose City Hall
200 E. Santa Clara St. San Jose, CA 95113
(408) 793-5598 or (408) 793-5559
Friday, April 27, 2012 - 8:30 AM - 3:00 PM

I, the undersigned parent/guardian, do hereby agree to allow the individual named herein to participate in the aforementioned activity, and I further agree to indemnify and hold harmless the City of San Jose, its officers and employees from and against all liabilities for any injury which may be suffered by the aforementioned individual arising out of or in any way connected with his or her participation in this activity. I further do hereby authorized the CITY OF SAN JOSE DEPARTMENT OF PARKS, RECREATION, AND NEIGHBORHOOD SERVICES DEPARTMENT as my agent for the above mentioned minor to consent to any medical diagnosis or treatment and hospital care rendered by and the general supervision and advise of a physician or surgeon licensed under the Medicine Practice Act in case of accident or illness during the duration of this event/trip/program

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

Yo, el padre/guardián abajofirmante, por la presente concuerda en permitir el individual denominó en esto tomar parte en la actividad referida, y yo concuerdo aún más indemnizar y tener inocua la Ciudad de San Jose, sus oficiales y los empleados de y contra y contra todas obligaciones para cualquier herida que puede ser sufrida por el individuo referido que surge fuera de o en cualquier manera conectada con su participación en esta actividad. Hago aún más por la presente autorizó la CIUDAD DE el DEPARTAMENTO de SAN JOSE DE PARQUES, la RECREACION, Y el VECINDARIO ATIENDEN AL DEPARTAMENTO como mi agente para el menor ya mencionado para consentir a cuidado médico del diagnóstico o el tratamiento y el hospital rendido por y por la supervisión general y aconseja de un médico o el cirujano licenciados bajo el Acto de la Práctica de Medicina en caso de accidente o enfermedad durante la duración de este acontecimiento/viaje/programa

FIRMA DE PADRE: _____ Fecha: _____

Optional : Opcional

I _____ am the parent or legal guardian of _____
(Parent name, please print) (child name, please print)

I understand that the City of San Jose may photograph or videotape the events or activity in which my child is participating. I give my permission for the City of San Jose to use photographs or videotape of my child for the purpose of promoting the City of San Jose and its services/programs. I give my permission with the following understanding: **No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my child's likeness.** Permission to videotape or photograph is **not required** to take part in City events.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

Yo _____ soy el padre o tutor legal de _____
(nombre de padre o tutor legal) (nombre de hijo/hija)

Es de mi conocimiento que la ciudad de San José puede eventualmente fotografiar o grabar en cinta magnetofónica los eventos o las actividades en las cuales mis hijos o yo participemos. Por lo tanto, concedo expreso permiso a la ciudad de San José a utilizar dichas fotografías o cintas grabadas, de mi persona o de mis hijos con el propósito de promover la ciudad de San José y los servicios o actividades que esta desarrolle. Este permiso lo concedo en el entendimiento que **No habrá compensación de ninguna índole hacia mí o a mis hijos en cualquier momento futuro o presente, cuando sea utilizado el material antes descrito donde aparezcan mis figuras o aquellas de mis hijos.** No se requiere permiso alguno para participar en eventos oficiales de la ciudad de San José.

Firma de Padre: _____ Fecha: _____